

HANDPRINTED - REQUIRED WITH LONG OR SHORT FORM

USE UPPER CASE LETTERS ONLY

DAR
FIRST
NAME

J	E	A	N																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

M I

D

(M.I)

(Designated Agency Representative - FIRST Name - 15 Characters)

1. DAR
LAST
NAME

L	E	S	L	I	E														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Designated Agency Representative - LAST Name - 20 Characters)

2. Phone

2	0	2		4	8	2		3	2	6	6
---	---	---	--	---	---	---	--	---	---	---	---

(DAR: Commercial Phone Number)

7. FAX:

2	0	2		4	8	2		4	0	6	6
---	---	---	--	---	---	---	--	---	---	---	---

(DAR: Commercial FAX Number)

3a. ARN:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Agency Requisition Number - 16 Characters)

3b. ARN
Date:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(M M - D D - Y Y)

8. Agency
Acct
ID:

1	3	1	2																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Billing Hierarchy Code - 10 Characters - NO DASHES)

9. Monthly
Usage
(Minutes)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. SAC

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Service Approval Code - 6 digits)

5. ACC:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Name of Cardholder - 20 Characters)

Project
ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

10. Service
Request

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(M M - D D - Y Y)

11a. Request Action:
(Fill in One)

☐ New

☐ Activate

☐ Change

☐ Disconnect

11b. Please check if you DO NOT
want a confirmation notice:

☐ No notice

11c. Please check if you DO NOT
want a completion notice:

☐ No notice

Complete for New Requests Only

REQUEST FULL FUNCTIONALITY, BOTH FTS2000 AND INTERNATIONAL CALLING.

12. Need Contact from AT&T
Representative (Fill in One)

☐ Yes

☐ No

13. AT&T
ACCT
NO

5	0	6	9	0	3	0	0	0	7	2	3	1
---	---	---	---	---	---	---	---	---	---	---	---	---

Complete for Activating Existing Cards

14. AT&T
ACCT
NO

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

AT&T
ACCT
NO

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

AT&T
ACCT
NO

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Remarks

Request full functionality, FTS2000 and international calling capability.

Account:

CALLING CARD SERVICE REQUEST FORM

FTS2000 Federal Calling Card

200024 4695 000000 0393

AT & T

PRINTED - LONG FORM

USE UPPER CASE LETTERS

15. Card Number

[illegible]

16. PCOS

--	--

17. Unit Account Number

18. Card Holder Name (2 lines of 25 characters)

[illegible]

19. (Office Mailing Address)

[illegible]

City

[illegible]

State

--	--

Zip

Country

[illegible]

Bill Sort Fields (Optional)

20a. SDP

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20b. Line Number

[illegible]

EMPLOYMENT ACKNOWLEDGMENT

I certify that I have received, read and understand the memorandum (with attachments) issued by the Office of Organization and Management Support, February 3, 1995, AT&T Federal Calling Card Application Kit, and that I will abide by such policies, procedures and other instructions as issued by the Department, the General Services Administration and AT&T pertaining to the use of the card. I understand that the Federal Calling Card will be used solely for official Government business telephone calls only. I further understand that there are penalties for misuse of the card.

Employee Signature and Date

Name (Type or Print)

Title

Agency / Unit / DAS (e.g. ITA /Unit/DAS/Office)

Return to ITA Telephone Coordinator, DOA/OOMS, Room 4001, with the completed calling card application.